Date Received	Wksp Date	Field Trip Date Time	
	Please do not	write above this line	
Fall 200	08 / Spring 2009 Ames	S Exploration Encounter Application	
School/Organization Name	e		
Teacher's Name: Mrs. Ms. (ci	s. Miss Mr. Dr rcle one)		
School Address			
City		State Zip	
School Phone # (	) H	Home Phone # ()	
School District			
Have you been to the Ame	es Exploration Encounter before	?: YES NO (circle one)	
Email Address (required)			
Preferred Mailing Address (if other than school address)			
		<ul><li>M - Make copies if necessary</li><li>See Dates Available</li></ul>	
	Requested Bute	Oce Bates / Wallable	
Please rank your first four choices:		Check the Time you prefer for your field trip:	
1st Choice		AM only (9:30 to Noon, M-F)	
2nd Choice		PM only (1:00 to 3:30 PM, M-Th)	
3rd Choice		Either AM or PM	
4th Choice		If your choices are not available, you will be assigned a date as close as possible to your requested dates.	
	Class I	nformation	
Number of students:	(20 min/32 max)	All adults (16 years & up) must be US Citizens	
Number of adults:	(5 min / 10 max)		
Number of ELLs:	Number of Spanish:	Number of other languages:	
The AFF is wheel chair ac	cessible. Let us know if you wil	Il need the elevator to reach us on the 2nd floor	